

MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Type of Requestor: (x) Health Care Provider () Injured Employee () Insurance Carrier

Requestor's Name and Address

Edward Wolski, M.D. / Wol+Med

2436 I-35 South, Ste. 336

Denton TX 75205

MDR Tracking No.:

M4-04-3231-01

TWCC No.:

Injured Employee's Name:

Respondent's Name and Address

BOX #: 47

Continental Casualty Co.

Date of Injury:

Employer's Name:

Staff Leasing, Inc.

Insurance Carrier's No.:

9000422872

PART II: SUMMARY OF DISPUTE AND FINDINGS (Details on Page 2, if needed)

Dates of Service		CPT Code(s) or Description	Amount in Dispute	Amount Due
From	To			
11/8/02	12/13/02	97545-WH-AP, 97546-WH-AP	\$2,496.00	\$512.00

PART III: REQUESTOR'S POSITION SUMMARY

11/5/03: Requestor submitted to MDR. Their position in part, as follows: "...The carrier incorrectly denied stating PEC – A. We had preauthorization and we are a CARF accredited facility and did not need preauthorization...The carrier did not respond to our request for reconsideration..."

PART IV: RESPONDENT'S POSITION SUMMARY

As of this date, the Respondent did not submit a response. The first EOB/TWCC-62's were denied with 'A – authorization should have been obtained prior to service' and 'F – Work Hardening, accredited interdisciplinary program.'

PART V: MEDICAL DISPUTE RESOLUTION REVIEW SUMMARY, METHODOLOGY, AND/OR EXPLANATION

- On 11/5/03, the Requestor submitted 'Form TWCC-60' to MDR requesting reimbursement for work hardening services rendered from 11/8/02 through 12/13/02.
- A preauthorization acknowledgement, dated 11/4/02, labeled 'CERTIFICATION APPROVAL NOTIFICATION # 110102465002' gave authorization/certification for 2 additional weeks of a Work Hardening Program, total of 10 sessions. The DOS approved were: 11/01/02 – 12/01/02. Preauthorization had previously been received for the DOS 9/13/02 through 9/30/02 for 10 sessions.
- The "Table of Disputed Services" from the Requestor indicated that \$0.00 reimbursement was received. The DOS on the 'Table' were 11/8/02, then 12/9/02-12/13/02. The SOAP notes for 11/8/02 indicated "Date of next service would be 11/11/02." Therefore it is unknown what 10 dates of service were utilized for the preauthorization received. The only DOS that fell into the specifications of the preauthorized services was 11/8/02.
- The denials for all the DOS were 'A – preauthorization not obtained, and F - Work Hardening, accredited interdisciplinary program.' Preauthorization was obtained through the first of December. Therefore,

according to 134.600 (h)(12), reimbursement can not be recommended for DOS 12/9/02, 12/10/02, 12/11/02, 12/12/02 and 12/13/02.” Convincing evidence was not provided that these DOS were certified with preauthorization.

- Documentation supports the services rendered for DOS 11/8/02 and preauthorization was received. Therefore, reimbursement is recommended according to MFG/MGR (II) (E) for 11/8/02 only.

DOS: 11/8/02 - 97545-WH = unit (x2) @ \$128.00 = \$128.00
- 97546-WH = 6 units @ \$64.00 = \$384.00

TOTAL DUE: **\$512.00**

PART VI: COMMISSION DECISION AND ORDER

Based upon the review of the disputed healthcare services, the Medical Review Division has determined that the requestor is entitled to additional reimbursement in the amount of \$512.00. The Division hereby **ORDERS** the insurance carrier to remit this amount plus all accrued interest due at the time of payment to the Requestor within 20-days of receipt of this Order

8 / 4 / 05

Authorized Signature

Name

Date of Order

PART V: YOUR RIGHT TO REQUEST A HEARING

If you are unhappy with all or part of this decision, you have the right to appeal the decision. Those who wish to appeal decisions that were issued during the month of August 2005, should be aware of changes to the appeals process which take effect September 1, 2005.

House Bill 7, recently enacted by the 79th Texas Legislature, provides that an appeal of a medical dispute resolution order that is not pending for a hearing at the State Office of Administrative Hearings (SOAH) on or before August 31, 2005 is not entitled to a SOAH hearing. This means that the usual 20-day window to appeal to SOAH, found in Commission Rule 148.3, will be shortened for some parties during this transition phase. If you wish to seek an appeal of this medical dispute resolution order to SOAH, you are encouraged to have your request for a hearing to the Commission as early as possible to allow sufficient time for the Commission to submit your request to SOAH for docketing. A request for a SOAH hearing should be sent to: Chief Clerk of Proceedings/Appeals Clerk, P.O. Box 17787, Austin, Texas 78744 or faxed to 512-804-4011. A copy of this Decision should be attached to the request.

Beginning September 1, 2005, appeals of medical dispute resolution orders are procedurally made directly to a district court in Travis County [see Texas Labor Code, Sec. 413.031(k), as amended and effective Sept. 1, 2005). An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.

PART IX: INSURANCE CARRIER DELIVERY CERTIFICATION

I hereby verify that I received a copy of this Decision and Order in the Austin Representative's box.

Signature of Insurance Carrier: _____ Date: _____